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UNITED NATIONS POPULATION FUND PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Philippines

Proposed UNFPA assistance:	$30 million, $20 million from UNFPA regular resources and $10 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	Fifth
Category per decision 96/15:	B

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	15.0	9.0	24.0
Population and development strategies	1.4	0.5	1.9
Advocacy	3.0	0.5	3.5
Programme coordination and assistance	0.6	-	0.6
Total	20.0	10.0	30.0

P..ILIPPINES

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	55.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	40.0	≥55
Access to basic health services (%)[3]	76.0	≥60
Infant mortality rate (/1000)[4]	44	≤50
Maternal mortality ratio (/100,000)[5]	100	≤100
Gross female enrolment rate at primary level (%)[6]	82.6	≥75
Adult female literacy rate(%)[7]	93.2	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.
[2] United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.
[3] UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.
[4] United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.
[5] UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992. Government data indicate a ratio of 172 per 100,000 live births.
[6] United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.
[7] UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2000	75 967	Annual population growth rate (%)	2.11
Population in year 2015 (000)	96 732	Urban	3.06
Sex ratio (/100 females)	101.8	Rural	-.13
Per cent urban	55	Total fertility rate (/woman)	3.62
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	36.7	Males	66.5
Youth (15-24)	20.1	Females	70.2
Ages 60+	5.7	Both sexes	68.3
		GNP per capita (U.S. dollars, 1997)	1,200

Sources: Data are from the Population Division, Department of Economic and Social Affairs, United Nations Secretariat, World Population Prospects: The 1998 Revision; Urban and rural data, for 2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision. GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2000-2004 to assist the Government of the Philippines in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $30 million, of which $20 million would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $10 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to the Philippines.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account national priorities. It is based on the recommendations of the Country Population Assessment (CPA) conducted in 1998. The CPA exercise was a national effort led by the Government and involved various stakeholders, including local government units (LGUs), non-governmental organizations (NGOs) and other members of civil society such as academe and the media. Consultations were also held with other United Nations agencies and bilateral and multilateral donors. UNFPA has participated actively in the development of the Country Strategy Note (CSN) and with the United Nations Development Group (UNDG) in the development of the United Nations Development Assistance Framework (UNDAF). The proposed programme is consistent with the UNDAF. Due to the different start-up dates of the programmes of UNDP, UNICEF and UNFPA, the harmonization of programme cycles will be synchronized in the year 2005.

3. The Government of the Philippines is committed to implementing the Programme of Action of the International Conference on Population and Development (ICPD). In March 1999, the cabinet-level Social Development Committee adopted the following objectives of the Philippine Population Management Programme: to help parents achieve their fertility goals within the context of responsible parenthood; to prevent teenage pregnancies; to reduce infant and maternal mortality and help improve the health of individuals; and to contribute to achieving a balance between population distribution and economic activities.

4. The overall goal of the proposed programme would be to contribute to improving the quality of life of all Filipinos through better reproductive health; the attainment of population outcomes that are in harmony with available resources and environmental conditions; and the reduction of poverty and inequalities in development opportunities.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the ICPD, which was endorsed by the General Assembly in its resolution 49/128.

Background

6. According to the 1995 population census, the total population of the Philippines was estimated at 68.9 million.[1] Only modest progress has been made in moderating population growth. With an average annual population growth rate of 2.3 per cent during the period 1990-1995, the Philippines is among the countries of the world having the fastest growing populations. According to the 1998 National Demographic Survey (NDS), the total contraceptive prevalence rate (CPR) for modern and traditional methods was 46.5 per cent with modern methods accounting for a 60 per cent share of the total. Between 1968 and 1998, the CPR for modern methods increased steadily, from 2.4 per cent (NDS, 1968) to 28.2 per cent (NDS, 1998). These data indicate a large unmet need for family planning. Most married couples still do not use any method of contraception. Among users of modern methods, significant numbers discontinue contraceptive use within one year from starting. Male participation in family planning practice is low and has received inadequate attention.

7. The Philippines has achieved a steady decline in mortality over recent decades. The infant mortality rate has declined from 45.3 per 1,000 live births in the period 1983-1987 to 35.3 per 1,000 live births in the period 1993-1998. The maternal mortality ratio declined from 209 per 100,000 live births in 1993 to 172 per 100,000 live births in 1998. About 56 per cent of births are attended by trained staff. Inadequate prenatal and delivery care and the lack of information and means to manage obstetric complications contribute to maternal mortality. Unsafe abortion practices also threaten the reproductive health of women. Indirect estimates of the number of induced abortions based on the number of post-abortion cases hospitalized indicate a rate of about 25 abortions per 1,000 women aged 15-44.

8. In 1995, 38 per cent of the total population was below 15 years of age, and 20 per cent fell into the age bracket of 15-24 years. The UNFPA-funded Young Adults Fertility and Sexuality Survey (YAFSS, 1994) indicates that, increasingly, adolescents and youth are becoming sexually active, and at younger ages. Several studies have also revealed that many young people engage in premarital sex without adequate knowledge about the means to prevent a pregnancy or sexually transmitted diseases (STDs). Small-scale studies indicate that the prevalence of STDs and reproductive tract infections (RTIs) may be rising. HIV prevalence is estimated at 0.08 per cent of the adult population aged 15-49. The dominant mode of HIV transmission is through sexual intercourse.

9. Over the last two decades, political, economic and social developments in the Philippines have narrowed gender disparities. However, women still face unequal opportunities, inter alia, in matters of income, employment, health care and decision-making. Domestic violence, an issue of great concern, is now beginning to receive greater attention.

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[1] *Unless otherwise indicated, data used in the text of the document are from Government of the Philippines sources and may vary from the data presented in the fact sheet.*

Previous UNFPA assistance

10. UNFPA has provided assistance to the Philippines since 1969, and funding has increased from $6.9 million in the first cycle of assistance to $41.4 million in the current cycle, 1994-1999. The fourth programme of assistance to the Philippines was initially approved for the period 1994-1998 for a total of $35 million, of which $10 million was from multi-bilateral and/or other resources. The programme was extended for one year with an additional budget of $6.4 million. The Governments of the Netherlands and Spain provided $4.9 million in multi-bilateral funding. Under the fourth country programme, 80 per cent of the funds were allocated to reproductive health, 11 per cent to population and development strategies and 9 per cent to advocacy.

11. Following the ICPD there was a shift from a focus on family planning to a broader reproductive health approach. With UNFPA assistance, the Philippines programme accomplished the following: reproductive health was established as a distinct programme category in the Government's portfolio of health service delivery; biomedical standards for reproductive health services were specified more explicitly; in selected national institutions, specialized reproductive health services were improved or introduced; a local model for delivering an integrated package of reproductive health services was developed in the pilot province of Nueva Vizcaya; quality-of-care issues in delivering family planning and maternal care at barangay (village) and municipal levels and the prevention of STD/HIV/AIDS were addressed in 21 provinces and 3 cities; and specific innovations, such as birthing centres, health-cum-livelihood activities, the use of male motivators and adolescent peer counsellors and community-based monitoring were successfully introduced. To raise public awareness about reproductive health, support was also provided to a wide variety of information, education and communication (IEC) activities, including a nationwide multimedia campaign. The media campaign centred on four key messages promoting responsible parenthood, responsible adolescent sexuality, male participation and involvement in reproductive health, and women's empowerment. However, although IEC efforts proved useful in raising awareness about reproductive health, they had limited impact on changing attitudes and behaviour.

12. Support was provided to several NGOs that demonstrated innovative strategies and performed trail-blazing functions in the area of reproductive health. These included establishing a drop-in centre with a clinic; opening a youth centre in a shopping mall; and setting up a male clinic in a peri-urban area to reach male groups such as tricycle drivers' associations.

13. Assistance for population and development strategies led to the integration of population goals and strategies in the Philippine National Development Plan, covering the medium-term period 1999-2004 and the long-term period 1999-2025. The integration of population concerns in national development planning has now been institutionalized. In the area of advocacy, the programme supported activities which helped to raise public awareness and to create a climate that facilitated passage of national legislation redefining rape as a crime against persons; establishing a national AIDS programme; and establishing protective units for women and children in public hospitals.

14. The CPA and other evaluations found that the programme coverage had been too wide to secure high-quality results across the board. In attempting to provide reproductive health services to 21 provinces and three cities, efforts were spread too thin. Quality of care improvements in family planning and maternal care were not fully realized. In the pilot province of Nueva Vizcaya it was possible to deliver the integrated package of reproductive health services only in some of the municipalities rather than the whole province as envisaged.

15. A key lesson learned is that the programme focus can be sharpened by concentrating on fewer than the 21 provinces and three cities covered under the previous programme. Also, to enhance the quality of care and improve the utilization of services, reproductive health services should expand beyond the core family planning and maternal and child health services to include the management of abortion complications and the prevention of violence against women and of STD/HIV/AIDS. An important lesson learned in the population and development area is that the programme should maintain its ability to influence the nation's policy agenda regarding population and development, primarily through using research-based information. A key lesson learned concerning advocacy is that it is essential to have both IEC for influencing individual behaviour and advocacy for creating political support and collective or public action.

Other external assistance

16. In the Philippines, the United States Agency for International Development (USAID), the Australian Agency for International Development (AusAID), the Japanese International Cooperation Agency (JICA), the European Union, the Deutsche Gesellschaft für Technische Zumsammenarbeit (GTZ) and the Kreditanstalt für Weideraufbau (KfW) are active in the area of family planning and reproductive health. These agencies and organizations have provided technical and financial assistance mainly for family planning, maternal and child care, safe motherhood, STD and HIV/AIDS prevention and, to a lesser extent, population and development activities. The Governments of the Netherlands and Spain have also provided multi-bilateral funding for the UNFPA-assisted programme. USAID, has one of the largest, long-standing programmes on family planning and population. The World Bank and the Asian Development Bank have also provided substantial assistance in this area.

17. As regards assisting family planning service delivery, in order to promote complementarity and synergy and to avoid duplication, donors have developed an informal understanding concerning programme support roles and the geographic areas of focus. As the main international agency responsible for promoting the implementation of the ICPD Programme of Action, UNFPA has supported the adoption of a reproductive health framework that has broadened the strategic focus of the programme beyond family planning. Under the proposed programme, collaborative efforts would be undertaken with UNDP, UNICEF, UNAIDS, UNIFEM and WHO to address such areas of concern as HIV/AIDS, violence against women and adolescent health. UNFPA would collaborate with USAID in supporting the Contraceptive Independence Initiative.

Proposed programme

18. The overall goal of the proposed programme is noted in paragraph 4. The proposed programme would focus on addressing the following key issues: the unmet need for family planning; maternal mortality; adolescent reproductive health; violence against women; and male involvement in reproductive health. In addressing these issues the programme's strategic focus would be on the family planning element in the reproductive health package; prenatal and postnatal and emergency obstetric care along with family planning counselling; reproductive health information and counselling to adolescents; promoting an increase in the age of marriage; and promoting reproductive rights and responsible parenthood.

19. UNFPA assistance would be channelled through three subprogrammes focusing on reproductive health, population and development strategies and advocacy. Gender concerns would be a cross-cutting dimension of each of the subprogrammes. The three subprogrammes are described below.

20. Reproductive health subprogramme. The reproductive health subprogramme would focus on implementing the following four core elements of the reproductive health services package: family planning; maternal care; prevention of RTIs/STDs/HIV; and sexuality education. In the model province of Nueva Vizcaya, however, all 10 elements of the reproductive health services package would be delivered on a province-wide basis covering all 15 municipalities. Support for service delivery would focus on the primary health care level. Given the decentralized population programme in the Philippines, UNFPA assistance would focus on the LGUs. In accordance with the lessons learned from the previous programme, the Fund would strategically focus its support on fewer provinces and would concentrate on obtaining marked improvements in reproductive health service delivery, including ensuring high quality of care and attention to gender concerns. In addition to Nueva Vizcaya, 8 other provinces selected from the 21 provinces assisted during the last country programme would receive assistance. The provinces would be selected in consultation with the Government on the basis of need, capacity to implement and the presence of well-performing NGOs.

21. The main expected outputs of the subprogramme would be: the provision of quality, gender-sensitive reproductive health services in the nine selected provinces; the expansion of the Nueva Vizcaya model to cover the entire province; enhanced technical capacities of service providers in the selected provinces; improved knowledge of reproductive health issues among men, women and adolescents; upgraded institutional capacities to implement, manage and monitor the reproductive health programme in the government and NGO sectors; improved access for adolescents to reproductive health information, counselling and services; and the establishment of community-based counselling and referral services for the prevention and management of violence against women.

22. Apart from integrating adolescent reproductive health concerns in the service package to be delivered in the nine provinces, the programme would also undertake a separate effort to demonstrate reproductive health service delivery models specifically geared to urban in-school and out-of-school adolescents. The programme proposes to carry out four new pilot projects to develop replicable models offering different approaches for: reaching urban adolescents, particularly those at high risk, in order

to address issues related to STD/HIV/AIDS; delivering information and counselling that could influence adolescent reproductive health practices; and providing socially acceptable arrangements for referrals and service delivery to adolescents. These pilot projects would be implemented through community-level partnerships among LGUs and NGOs and would involve the participation of adolescents and youth in such activities as establishing and operating youth centres and outreach programmes.

23. To help prevent STDs/HIV/AIDS, the programme would support a community-level IEC strategy focusing on messages promoting responsible sexual behaviour and responsible parenting. Both interpersonal communication and the media would be utilized to reach men, women and youth in the nine provinces. To reach women of reproductive age, STD/HIV/AIDS prevention would be incorporated in existing family planning and maternal and child health programmes. In the case of men, the prevention of STDs/HIV/AIDS would continue to be used as an entry point to increase male involvement in reproductive health, including family planning. As regards adolescents, STD/HIV/AIDS prevention would be an integral component of the adolescent reproductive health activities.

24. Support would be provided to train LGU and NGO service providers and programme managers in the nine provinces. Operations research would be undertaken to address such issues as: improving the quality of care of reproductive health services; increasing client satisfaction; increasing the cost effectiveness of service delivery; establishing community-based management information systems for reproductive health activities; and managing the consequences of unsafe abortion.

25. UNFPA would also provide support for the incorporation of reproductive health components in the national IEC strategy being developed by the Department of Health. The strategy would address such issues as reproductive rights, gender equity, women's empowerment, male participation in reproductive health activities and adolescent reproductive health.

26. UNFPA would also provide partial support to a Contraceptive Independence Initiative currently being considered by the Government and donors. The initiative would seek to mobilize the private sector and the community using a social marketing approach.

27. Of the $24 million to be allocated to the reproductive health subprogramme, $9 million would be sought from multi-bilateral and/or other sources.

28. Population and development strategies subprogramme. The purpose of the population and development strategies subprogramme would be to contribute to the creation of a policy environment conducive to population and development programmes. This would be achieved through improved utilization of population-related information to keep strategic population issues on the national agenda; facilitate decision-making at central and local levels; and sustain resource mobilization efforts and operational actions consistent with declared policies. The strategic focus of the subprogramme would be on efforts to document and disseminate key information and data through the publication of an annual flagship report on the state of the Philippine population. The report would focus on successes

and challenges in addressing priority population and development issues, including the integration of population in development planning, and reproductive health service delivery.

29. To that end, UNFPA would assist the Government and civil society organizations, through mechanisms available in the Population Commission (POPCOM) to establish a politically influential, research-based, participatory national process which would focus attention on the country's priority population and development issues and would emphasize, in particular, the need for strong and sustained support to a reproductive health programme. The key outputs of the subprogramme would be the production and dissemination of the State of the Philippines Population Report and various studies on key population issues. The studies would focus on such areas as strategies for adolescent reproductive health interventions; evaluations of emerging trends in local government financing of reproductive health services; estimates of financial requirements for contraceptive independence; and assessments of the impact of quality-of-care improvements on client satisfaction and service utilization. The topics for the studies would be determined in accordance with the theme of each year's Population Report.

30. Support would also be provided for assembling relevant data, including information obtained from the UNFPA-supported programme, for a statistical annex to the Population Report. The use of the Internet and other electronic means of communication would facilitate broad access to and wide dissemination of information and knowledge accumulated in preparing the Population Report. Consideration would be given to maintaining an Internet website through which national agencies, LGUs, NGOs, international organizations and members of civil society could gain easy access to the information. Such electronic connectivity would help create a forum for dialogue and stimulate further interaction among stakeholders and other interested parties in support of population and development issues, including reproductive health.

31. The sum of $ 1.4 million from regular resources and $0.5 million from multi-bilateral and/or other sources would be allocated to the population and development strategies subprogramme.

32. Advocacy subprogramme. The purpose of the advocacy subprogramme would be to increase political, institutional and community support for a comprehensive, gender-sensitive reproductive health programme; and to increase the domestic allocation of financial and human resources for the reproductive health programme. A multimedia, multichannel advocacy strategy would be utilized to target national level legislators, media practitioners and decision makers from government agencies and from the private sector. At the local level, advocacy efforts would focus on reaching local chief executives and representatives of local NGOs, the local media, the private sector and provincial, city, municipal sanggunian (advisory council) members. At the community level, barangay council members, non-traditional leaders and community organizations would be targeted. Previous efforts to enlist religious leaders to help create a supportive local environment for the implementation of a reproductive health programme would be continued.

33. The expected outputs of the advocacy subprogramme would include: increased support for population and reproductive health issues and activities from influential national, local and community

leaders and decision makers; consistent messages advocating reproductive health and rights, male involvement in reproductive health, gender equity and equality, and adolescent reproductive health; and strengthened capacity of LGUs and NGOs to undertake reproductive health advocacy.

34. Support would be provided to NGOs that have the experience and the capacity to undertake advocacy efforts to mobilize popular support for allocation of adequate human and financial resources for reproductive health services, particularly family planning. Emphasis would be placed on local adaptation and wide dissemination of the already available advocacy materials on gender and related issues. Assistance would be provided for training in advocacy to increase knowledge and understanding of reproductive health issues and to enhance technical skills and confidence to pursue advocacy responsibilities effectively. Support would also be provided for advocacy efforts employing traditional and folk channels of communication.

35. Advocacy for and by media professionals would be supported to enhance their ability to promote and communicate to the public important developments concerning reproductive health, reproductive rights, gender equality and equity and the empowerment of women. Training, consultations, media monitoring, publications and similar professional development activities for media professionals would be encouraged to facilitate informed coverage of population issues and events.

36. At both the national and regional levels, the activities of the advocacy subprogramme and the related IEC activities of the reproductive health subprogramme would be coordinated and monitored by a multi-agency steering committee.

37. A total amount of $3.5 million would be allocated to the advocacy subprogramme, of which $0.5 million would be sought from multi-bilateral and/or other sources.

Programme implementation, coordination, monitoring and evaluation

38. The proposed programme would be executed and implemented by the Government, NGOs and private institutions. Technical assistance, including support for IEC and advocacy, would be provided to LGUs and NGOs to enhance their capacity to implement the reproductive health subprogramme. Overall coordination of the proposed programme would be undertaken by the National Economic and Development Authority (NEDA). A multi-agency steering committee, with NGO participation, under the authority of the Board of POPCOM would have the responsibility of reviewing, monitoring and assessing the implementation of the proposed programme. Technical support would be provided to the steering committee by the NEDA and POPCOM Secretariats.

39. The risks and assumptions associated with implementation include the following: sustained political commitment for population and reproductive health from concerned government officials may falter with changes in leadership; and the Government's provision of adequate resources for the population programme may be impacted by economic and financial conditions.

40. The executing and implementing agencies would be responsible for monitoring the progress of project activities as well as for the preparation of annual progress reports. At the end of the current cycle, a final survey on reproductive health would be conducted in the pilot provinces, including Nueva Vizcaya, and would serve as the baseline survey for the next cycle.

41. Qualitative and quantitative indicators as delineated in the logical framework of the proposed programme would be used in the monitoring and evaluation of programme activities. In keeping with UNFPA guidelines and procedures, annual programme reviews, a mid-term review (MTR) and an end-of-programme evaluation would be conducted. The MTR would take place in 2002 to assess the programme's progress and to formulate recommendations, as needed, for the remainder of the programme. Independent evaluations of subprogrammes and component projects would also be undertaken and would provide inputs for the MTR and the end-of-programme evaluation. The end-of-programme evaluation would take place in 2004 would assess the overall impact of programme interventions.

42. The UNFPA country office is composed of a Representative, two National Programme Officers and General Service staff. Currently, the office also has the services of one junior professional officer. To support national execution of the programme, two national professional programme personnel would be recruited to work with the implementing agencies. As required, the UNFPA Country Support Team would provide inputs in the formulation of subprogrammes and component projects and would assist the executing agencies during the implementation and evaluation phases.

43. An amount of $0.6 million from UNFPA regular resources would be allocated for programme coordination and assistance.

Recommendation

44. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to the Government of the Philippines, as presented above, in the amount of $30 million for the period 2000-2004, of which $20 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $10 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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